

1.) CORPORATION NAME:

Harland Clarke Corp.

DUE DATE: **1/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

SCC ID NO: **F1735465**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10931 LAUREATE DR
ATTN LEGAL

CITY/ST/ZIP: SAN ANTONIO, TX 78249-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	MARTIN H. WEXLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/TREASURER		
ADDRESS:	10931 LAUREATE DR.		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78249-		
NAME:	DEBRA W. KEENER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/ASST SEC		
ADDRESS:	10931 LAUREATE DR.		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78249-		
NAME:	EDWARD P. TAIBI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	35 EAST 62ND STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10065-		
NAME:	ADAM F. INGBER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	35 EAST 62ND STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10065-		
NAME:	GARY ROZENSHTEYN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	35 EAST 62ND STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10065-		

NAME:	CHARLES T. DAWSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR / CEO		
ADDRESS:	10931 LAUREATE DR.		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78249-		
NAME:	PETER A. FERA, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP & CFO		
ADDRESS:	10931 LAUREATE DR.		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78249-		
NAME:	JUDY C. NORRIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/SECRETARY		
ADDRESS:	10931 LAUREATE DR.		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78249-		
NAME:	PAUL G. SAVAS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	35 EAST 62ND STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10065-		
NAME:	BARRY F. SCHWARTZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	35 EAST 62ND STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10065-		
NAME:	DANIEL SINGLETON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	10931 LAUREATE DR.		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78249-		
NAME:	DENISE LALOGUE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CONTROLLER		
ADDRESS:	10931 LAUREATE DRIVE		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78249-		
NAME:	PAT M. SIMMONS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP		
ADDRESS:	10931 LAUREATE DR.		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78249-		
NAME:	ALISON M. HOROWITZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	35 EAST 62ND STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10065-		
NAME:	MICHAEL C. BOROFKY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	35 EAST 62ND STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10065-		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

<u>/s/ DEBRA W. KEENER</u>	<u>DEBRA W. KEENER, SVP/ASST</u>	<u>12/6/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>SEC</u> PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		